

## REQUEST FOR COMMUNITY PRESENTATION

Name of Person Making Request: \_\_\_\_\_ Date of Request: \_\_\_\_\_

How can You be Reached? \_\_\_\_\_

Topic for Presentation: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Anticipated Number of Attendees: \_\_\_\_\_

Date/Time Presentation would be Held (Please list ALL dates and times that would be feasible):

\_\_\_\_\_

\_\_\_\_\_

**Upon receipt of your request, it will be reviewed and the requester will be contacted within one week.**

Send Request to:  
Fond du Lac County Dept. of Social Services  
87 Vincent St  
Fond du Lac WI 54935  
Attn: Training Supervisor